

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 7/29/2010

Address: Cr 150 W 1000N North

Case #: 42-30901

Cr 1000 S

County: Decatur

Westport, IN

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open -- No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Open Air
☒ Water Reactive Metal (Lithium): Open Air
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): Open Air
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: WESTPORT COMM. VFD

Fax: 812-591-3473

Health Department: Arthur P. Alunday

Fax: (812) 663-4174

Fax: _____

Child Protection Service: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tom Egler

Phone 317-234-4591

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.